

Chronic Disease Prevention and Control Consumer Education Campaign
Meeting Highlights—Columbia, MO
May 22, 2007

Participants	Affiliation	City
<u>University of Missouri-Columbia</u>		
Glen T. Cameron, PhD	Health Communication Research Center, School of Journalism	Columbia
Cynthia Frisby, PhD Doug Shipman	School of Journalism (Advertising)	Columbia
Brian K. Hensel, PhD	Health Management and Informatics	Columbia
Alma Hopkins	University Extension, Nutritional Sciences	Columbia
<u>Dept of Health & Senior Services</u>		
Nanci Gonder	Director's Office, Public Information	Jefferson City
Cherrie Bartlett	Section of Chronic Disease Prevention and Nutrition Services	Jefferson City
Jeanie Bryant	Division of Public and Community Health, Public Information	
Tuck VanDyne	Office of Women's Health	Jefferson City
Sherri Homan, PhD	Office of Epidemiology	Jefferson City
Belinda Heimericks	Bureau of Cancer and Chronic Disease Control	Jefferson City
Deborah Markenson	Chronic Disease Prevention and Nutrition Services	Jefferson City
Mindy Laughlin	Show Me Healthy Women Program	Jefferson City
Lisa Britt	Heart Disease and Stroke Prevention Program	Jefferson City
<u>Media Cross, Inc.</u>		
Marny Bielefeldt	State Media Contractor for Project	St. Louis
Amanda Wagoner	State Media Contractor for Project	St. Louis
<u>Medicaid Program</u>		
Jack A. Cartee	Department of Social Services, Division of Medical Services	Jefferson City
Chelmer Barrow, MD	APS Health Care, Medicaid contractor for Chronic Care Improvement Program	Jefferson City
<u>Medicare</u>		
Gina Brinkerhoff	Care Improvement Plus, Medicare Contractor for Chronic Disease Management	St. Louis
<u>Missouri Primary Care Association</u>		
Marianne Ronan	Kansas City Chronic Disease Coalition	Kansas City
Joyce Hill	MO Primary Care Association	Jefferson City
<u>Missouri Associations</u>		
Liz Deken	American Heart Association	St. Louis
Sherry Kriegshauser	American Heart Association	St. Louis
Katie Hurst	American Cancer Society	Merriam, KS
Elizabeth Campero	Arthritis Foundation	St. Louis
Robert Whitlock	MO Kidney Program	Columbia
Myrna Bruning	MO Rural Health Association	Kimberling City
Mahree Skala	MO Association of Local Public Health Administrators	Columbia
<u>Health Care Associations</u>		
Ed Kendrick, DDS	MO Dental Association	Jefferson City
Bonnie Bowles	MO Association of Osteopathic Physicians	Jefferson City
Dave Dillon	MO Hospital Association	Jefferson City
<u>Foundations</u>		
Katherine DeForest Cynthia Hayes	MO Foundation for Health	St. Louis
Rhonda Holman	Health Care Foundation of Greater Kansas City	Kansas City
Jean Leonatti	Central MO Area Agency on Aging	Columbia
Eric Armbrecht	St. Louis Area Business Health Coalition	St. Louis

Meeting Overview

Cherrie Bartlett, Administrator for the Section of Chronic Disease Prevention and Nutrition Services, welcomed the group. After introductions, the group was given background on the rationale and purpose of the project. The magnitude of chronic diseases in Missouri was highlighted through risk, disease and mortality data available on the Department of Health and Senior Services' (DHSS) website. Due to chronic diseases being the leading causes of mortality in Missouri, DHSS is facilitating coordination of messaging between its categorical programs where there is common ground and invites other statewide agencies and organizations to participate and help direct this consumer education initiative. To that end, DHSS has invested funds to secure expertise from MediaCross and the University of Missouri to conduct formative research, compile a marketing and media plan, and support campaign material development. The campaign will begin in August and DHSS will evaluate process and short-term outcomes in 2008.

Formative Research

Marny Bielefeldt, Vice President with MediaCross who manages the contract for the campaign planning and development, provided an overview of the completed formative research (literature review, telephone survey of 400 participants and five focus groups from the target audience of adults, 45 years and older). Key take-away points learned from the research to inform the campaign design were:

- Supports idea that people can improve their health and prevent or lessen effects of chronic diseases through diet and exercise.
- Supports idea that people can live long and satisfying lives even after they have been diagnosed with a chronic disease, and a person/s attitude about the diagnosis can impact his/her ability to fight the disease.
- Overcomes potential for complacency about improving bad behaviors and habits.
- Shows people exhibiting good habits and seeing a benefit, rather than showing people with bad habits showing a consequence.
- Shows real and approachable people who have characteristics of our target audiences.
- Uses creative execution that shows people, not just objects in communicating the message.
- Supports the idea that a higher quality of life is attainable through changes in behavior, and shows meaningful examples of quality of life (family and friends, etc.).
- Shows specific actions that anyone can take to improve his/her health in order to support the overarching message.

Campaign Recommendations

Ms. Bielefeldt provided a “scorecard” with these key points for participants to use as she presented the three campaign options for messages and execution. MediaCross had developed a total of seven campaign messages and executions based on the literature review and telephone survey findings. These were presented to the focus groups and the following three concepts were found to test best with the target audience:

1. Live Like Your Life Depends on It
2. It's Your Health; Don't Risk It
3. Change Your Ways, Change Your Life.

Group discussion followed:

Pros	Cons	Ways to Enhance
1. <i>Live Like Your Life Depends on It</i>		
<ul style="list-style-type: none"> • Positive • Simple-direct • All can relate to message • Doesn't need a lot of graphics • Can apply to a lot of things, e.g., other habits • Generic places depicted 	<ul style="list-style-type: none"> • Too nice • MO may not be moved—sparked into action, too complacent 	<ul style="list-style-type: none"> • Show more groups and diversity • Add start today • Bigger lettering • Show rural settings
2. <i>It's Your Health; Don't Risk It</i>		
<ul style="list-style-type: none"> • Approaches future • Relevant to those that have chronic diseases • Liked paragraph-tag line 	<ul style="list-style-type: none"> • Need to focus on present, too forward thinking • Too much general information, not specific enough on steps to take • Misses critical link about what to do • Don't like "don'ts" • Too similar to national campaign • Centers on "happy" (idealistic) family, to whom some in target audience may not link themselves 	<ul style="list-style-type: none"> • Stress improvement • Change photos at the bottom of posters to show realistic actions to be taken by audience • Show more diverse families • Use photo montage
3. <i>Change Your Ways; Change Your Life</i>		
<ul style="list-style-type: none"> • Stresses a little "change" • Bright colors-aesthetically pleasing 	<ul style="list-style-type: none"> • Old message, same "ole" lines • Too busy • "Moralistic" tone • "Change" may not resonate well with audience 	<ul style="list-style-type: none"> • Give specific actions • Use change as means for audience to serve as role models for good behaviors for children, grandchildren • Like modeling concept • Use photos that show desired actions that correspond with recommendations.

Experts from MediaCross and the University of Missouri-Columbia, School of Journalism, provided guidance for the selection. They stated that the first campaign, *Live Like Your Life Depends on It*, would be the most effective based on the evidence, experience from other campaign initiatives, and results from formative research. All attendees then voted and all but one vote was cast for: *Live Like Your Life Depends on It*.

Implementation Issues.

The timeline for implementation was reviewed with the following activities highlighted:

Date	Activity
Month of June	<ul style="list-style-type: none"> • Develop campaign materials • Distribute follow-up material from May meeting to partners • Distribute enrollment forms for July training
July 12	<ul style="list-style-type: none"> • Conduct training for participants in the campaign
July 30	<ul style="list-style-type: none"> • Conduct conference call for key partners in campaign launch

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August	<ul style="list-style-type: none">• Begin campaign• Conduct events or highlight community-based events and programs to generate earned media.
September 25	<ul style="list-style-type: none">• Conduct Campaign Committee meeting

Meeting participants indicated their agencies' preferences for campaign materials (e.g., posters, brochures, radio spots) by completing a form distributed at the meeting. The tally from these forms will inform the types of materials that will be developed.

A name for both the campaign and the collaboration was discussed. There is value for selecting a separate name for the collaborating body so their steering of efforts could be long living and support additional campaigns. Currently, the group is entitled, the Chronic Disease Consumer Education Campaign Committee, which while descriptive, is not very enticing or marketable to others. MediaCross compiled a list of name options that was distributed to the group. Participants were asked to identify their favorites for tallying after the meeting. Generally there was support for selecting a name for the collaboration. It was recommended that "State" or "Missouri" be excluded from the title since that could be a limiting factor for adoption by national employers with offices in Missouri. There was support expressed for using the campaign message or abbreviated version of it for the first-round campaign.

Jeanie Bryant reviewed the concept of earned media with the group. To enhance the launch of the campaign, it would be beneficial to attract "free" media interest "earned" from existing programs or activities that agencies, organizations or communities conduct. "Earning" free media coverage augments the paid media and message distribution that the campaign organizers orchestrate to expand the reach of the message. Glen Cameron, University of Missouri, provided information on points that attract media attention and offered assistance of senior students in their capstone course (Fall 2007 Semester) to provide consultation to agencies participating in the campaign in crafting media attention.

Sherri Homan reviewed the logic model that has been created to identify key process, and short-term and long-term outcome measures proposed for the evaluation of this initiative. She requested all to review and provide feedback on the proposed approach.

A number of agencies have completed forms to indicate their desired level of participation in the campaign and with the additional information presented at this meeting, attendees were encouraged to review those forms, update or complete as needed.

Several different scenarios for action can occur at this time:

1. One time campaign—runs through the fall, evaluated and materials available on line for those who wish to use them.
2. DHSS will expand, if it receives requested funds from the Centers for Disease Control and Prevention, to the Heart Disease and Stroke Program in FY 2008, and expand to other programs as funding proposals are submitted and approved.
3. Evolving campaign—if first-round campaign garners interest from partners outside DHSS, secures more funding, and is successful then subsequent campaigns could be done. Would conduct strategic planning session to guide desired collective goals, objectives and strategies employed for subsequent campaigns.

Group adjourned expecting follow-up by the first of June and next meeting for training on conducting the campaign on July 12, 2007.